DOCUMENT RESUME

ED 312 042 PS 018 284

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TITLE	Flexible Child Care in Canada: A Report on Child Care for Evenings, Overnight and Weekends, Emergencies and Ill Children, and in Rural Areas.
INSTITUTION	Toronto Univ. (Ontario). Centre for Urban and Community Studies.
SPONS AGENCY	Ontario Ministry of Community and Social Services, Toronto.
PUB DATE	May 89
NOTE	71p.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	*Day Care; Early Childhood Education; Foreign Countries; *Rural Areas
IDENTIFIERS	Canada; Emergencies; *Flexible Child Care; Ontario; Short Term Accommodations; *Sick Child Care

ABSTRACT

Policy and program options for meeting Canadians' atypical child care needs are provided. The discussion is intended to provide persons interested in service delivery and policy development with an overview of current services, policies, program models, and issues. The report places flexible child care services in the context of the general need for child care and the available policy and funding arrangements. Evening, overnight, and weekend child care; child care for ill children; emergency child care; and rural child care are each described and analyzed. Relevant provincial and territorial legislation and regulations are included. Program and policy models are illustrated by descriptions of Canadian programs and policies, as well as those of other countries. Over 50 references are cited. A list of flexible child care programs in Canada and an annotated bibliography of relevant literature are included. (RH)

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The Childcare Resource and Research Unit

FLEXIBLE CHILD CARE IN CANADA

A report on child care for evenings, overnight and weekends, emergencies and ill children, and in rural areas

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May, 1989

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ACKNOWLEDGEMENTS

The authors very much appreciate the assistance made available by many people who provided material for this report. Supervisors of flexible child care services spent considerable time and effort providing information, as did provincial child care officials throughout Canada. Fran Klodawsky and Anne Westhues made extremely useful substantive and editorial comments on the report. Jane Beach and Carol Ann Young of the Child Care Branch, Ministry of Community and Social Services, with whom it was a pleasure to work, were infinitely patient and helpful. Finally, the financial support of the Child Care Branch of the Ministry of Community and Social Services is gratefully acknowleged.

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I. INTRODUCTION

Families sometimes have needs for child care which are not easily met by ordinary child care services. When a child is ill, when the usual caregiver is unable to provide care, or when other short-term child care emergencies arise, many families are unable to find care. Similarly, shiftworkers often find it difficult to make suitable arrangements for care for their children. Farmers and other rural workers often find it impossible to arrange reliable, convenient child care to meet their needs.

This report examines policy and program options to meet these atypical child care needs. It is intended to provide an overview of current services and policies, program models and issues for those with an interest in service delivery and policy development.

The information contained in the report was compiled as background to a program of pilot projects initiated by the Ontario Ministry of Community and Social Services in 1987. The program, the Flexible Services Development Project, was established to explore ways of meeting these child care needs in Ontario communities.

The report places flexible child care services within the context of the general need for child care and the policy and funding arrangements which are currently available. Evening, overnight and weekend child care, child care for ill children, emergency child care and rural child care are each described and analyzed. Relevant provincial and territorial legislation and regulations are included and program and policy models are presented, illustrated by descriptions of programs and policies in Canada as well as in other countries. A list of flexible child care programs in Canada is included, as is an annotated bibliography of relevant literature.

II. PUTTING FLEXIBLE CHILD CARE MODELS IN CONTEXT

1. The development of child care in Canada

One of the most important changes in the labour force in this century has been the dramatic and continuing increase in the number of women with young children who work at paid jobs, many of them full time. By 1987, 65% of mothers with children under sixteen worked outside the home; 57% of mothers with children younger than three years old were in the paid labour force in 1987 (National Council of Welfare, 1988).

Child care services in Canada have not kept pace with this explosive change in needs and demands. Until World War II, organized child care was offered only as a service for indigent families. By 1943, the requirements of wartime industries for women workers created the impetus for the federal government to offer public funds for child care for the first time. After the war ended, federal funding was withdrawn and many of the child care centres which had been established in Ontario and Quebec were closed. Ontario continued its share of funding for child care programs and in 1946 passed Canada's first provincial legislation regulating the provision of child care programs, The Day Nurseries Act.

In 1966, a new federal-provincial agreement intended to fund welfare programs, the Canada Assistance Plan, stimulated the growth of licensed child care by providing federal funding for child care subsidies for low-income families. Through the 1960s, '70s and '80s, the supply of licensed child care continued to increase throughout the country. Although the supply of licensed child care in Canada has grown, federal policy and funding arrangements have remained fundamentally unchanged.

In the 1980s, as the number of mothers who remain out of the paid labour force has decreased, more children are cared for in alternative child care arrangements. At the same time, the availability of relatives and neighbours who can provide child care has diminished and demand for improved access to regulated child care has increased. In the past few years, pressures to adopt new policies towards child care have intensified dramatically.

In most regions of Canada today, a majority of families have child care needs for which appropriate services are not accessible. Families with infants, school-aged children or children with special needs are likely to find it very difficult to find child care. Throughout the country, families whose work schedules are unusual, who live in rural areas, or whose children are ill, may find it almost impossible to find good child care.

2. Recent Policy Changes in Ontario

In June 1987, the Ontario government announced a new child care policy, New Directions for Child Care. New Directions presents a strategy for encouraging development of a child care system responsive to a variety of needs which would be more accessible to Ontario families. The comprehensive system described in New Directions would allow all families the choice of ways to integrate the needs of family and working life, including families whose needs are not met by traditional child care programs (Ministry of Community and Social Services, 1987).

As a first step toward a broader range of child care possibilities, the Ontario government will finance a program of pilot projects to test proposed solutions for assisting families with atypical child care needs. This initiative, the Flexible Services Development Project, will identify unresolved policy issues, limitations and barriers to the development of appropriate child care services for families when their children are ill, for families who work at unusual hours, for families in short-term emergency situations, and for families in rural areas. The goal of the Flexible Services Development Project is:

> To direct future policy in the development and implementation of services for families with child care needs in the designated areas (Ministry of Community and Social Services, 1988).

III. METHODS

This report contains information collected from three sources:

1. Published literature and unpublished reports;

2. Telephone interviews with provincial and federal government officials responsible for child care and with key informants in Canada and other countries;

3. Questionnaires sent to all identified flexible child care programs in Canada (follow-up by telephone).

Readers of this report should recognize the limitations of its information. Descriptions of child care programs were provided by their directors or supervisors and are likely to reflect their points of view. Information was collected during the spring, summer and fall of 1988, and refers to that time period unless otherwise stated.

The Resource List (program descriptions) may not be thoroughly comprehensive. Provincial and territorial child care officials were asked to identify programs which provided flexible child care services. Other programs were added to this list as they became available. There was often considerable room for judgement as to whether any particular program was sufficiently "flexible" to justify inclusion.

IV. CHILD CARE FOR EVENINGS, OVERNIGHTS AND WEEKENDS

1. Classification of evening, overnight and weekend child care

For most families, child care which is provided between about 7:00 A.M. and 6:00 P.M. is sufficent to meet their needs. However, a significant minority of families, those who work evenings, nights or weekends, need child care of some variety at atypical hours.

For the purposes of this report, evening, overnight and weekend child care (or non-weekday care) includes:

a. Slightly extended child care hours, before 7:00 in the morning or after 6:00 in the evening;

b. Care that extends into the late evening or into the night;

c. Overnight care;

d. Weekend care.

2. Need for non-weekday care

Many parents of young children work non-weekday hours. An American study indicated that at least one parent was a shiftworker in more than 1/3 of the families studied (two-parent, full-time working families made up the study group) (Presser and Cain, 1983). However, it should not be assumed that all these families needed or wanted evening, weekend or overnight child care; the study reported that both parents worked shifts in only 4.3% of these families.

A number of studies have examined the relationship between child care arrangements and shift work. It is reported by an American study that some families choose a shiftwork situation for one parent as a way of arranging child care (Morgan, 1981). A British study found that although some families chose shiftwork as a way of arranging to provide child care within the family, there were indications that some parents would not work shifts if adequate daytime child care were available (Charles and Brown, 1982).

There are few Canadian data which directly address the needs and preferences of parents for child care during atypical hours. A 1985 survey conducted as background to

the Task Force on Child Care found that 13.2% of respondents worked at least one weekend day and 17.9% worked at least one evening during the week (Lero, et al, 1985). It is difficult to make inferences from this study, however, as the sample used was not representative. A Toronto survey conducted in the mid 1970s, which used a large representative sample, found that nearly 16% of child care arrangements occurred between 6:00 P.M. and 6:00 A.M.; about half of those arrangements were for 20 or more hours per week (Social Planning Council of Metropolitan Toronto, 1977). In recent years, needs assessments conducted in some Ontario communities have yielded proportions of parents who report that they need child care evenings, overnight and weekends (for example, Tomiuk and Scott, 1987).

3. Supply of evening, overnight and weekend child care

A small number of child care programs, primarily centre-based, have been specifically established to provide non-weekday care in Canada. In addition, regulated family day care programs often offer some care during atypical child care hours. A 1983 Ontario survey of regulated family day care indicated that almost 5% of families surveyed used regulated family day care for extended hours or overnight (Ministry of Community and Social Services, 1983).

Non-weekday child care programs currently offer a variety of schedule options. Very few programs currently provide overnight care. However, a number of programs which previously offered overnight care now provide only evening care, reporting either that demand was too low or costs were too high to continue to provide care overnight. For example, the Children's Centre at the Hamilton Civic Hospital (Ontario) originally intended to offer 24-hour care, seven days a week. However, due to lack of demand, the centre never offered weekend or overnight care and ceased to provide evening care (to 11 P.M.) this year.

Loyal True Blue and Orange Day Care Centre in Richmond Hill, Ontario originally provided overnight care but has ended this service, reporting that expected levels of demand had not materialized. Similiarly, the 24-Hour Child Care Cooperative of Regina experimented with twenty-four hour operation but is now open twenty hours per day Monday through Saturday and eighteen hours per day on Sunday.

On the other hand, Carol's Playcare Centre, a small centre in Whitehorse, Yukon, meets a small but consistent demand for overnight care in addition to regular provision of child care, as do family day care homes operating under the auspices of the Edmonton Hospital Workers Child Care Services in Edmonton. Other regulated family day care programs, for example, Family Day Care Services, Victoria Day Care Services and Metro Children's Services in Toronto include a small number of homes which offer overnight care.

Data are not available to explain why some overnight or non-weekday child care programs have not had expected levels of demand whereas other programs have continued to operate. It is not currently known whether program variations such as the physical setting, regional or community differences, costs to parents or other characteristics are responsible for the success of some programs and not others. However, the definition of "success" should be considered. The information collected from evening, overnight and weekend child care programs in Canada in connection with this project indicates that, usually, demand for use of these programs is likely to be small at any one time. If a program is established based on unrealistic expectations of demand, its chances for success may be limited. On the other hand, a realistic appraisal of a small demand may lead a program to define "success" as service to only a few children at a time.

For a list of some child care programs in Canada which offer evening, weekend and/or overnight child care, see the Resource List appended to this report.

4. Models of evening, overnight and weekend child care

Possible models of evening, overnight and weekend child care fall into two main categories:

a. Alternative child care arrangements;

b. Policies allowing preferential work arrangements for parents of young children.

a. Alternative child care arrangements.

There are three ways in which evening, overnight and weekend child care can be provided outside the family. Variations on some of these models are in place in Canada, in the United States and in European countries.

Centre-based care. In Canada, almost all centre-based non-weekday hours child care programs operate as part of or in conjunction with a regular daytime program. In Whitehorse, Yukon, for example, Carol's Playcare Centre provides overnight care for a small number of children who are users of the regular daytime program.

An important consideration in establishing a centre-based non-weekday hours program appears to be its location. Such a centre needs to be well located so that parents doing evening and night work, such as nurses, restaurant and bar workers, retail store workers, factory workers, and taxi drivers, can conveniently use the service. The Children's Place, a centre offering evening and overnight care in Ottawa, is located near hospitals and a major commuter expressway.

There are few evening or overnight child care centres in European countries. One centre is reported in Belgium and one in the United Kingdom (Moss, 1988). In Sweden, a pilot project examining centre-based overnight child care began several years ago with a very small number of programs. Pilot programs were extended to 19 municipalities last year and although an evaluation is not yet complete, Swedish government child care officials are optimistic about the project's success (Khan, 1984; Leira, 1987; Marshall, 1988).

A minor extension of ordinary child care program hours can help meet the needs of parents who need only slightly extended hours. A parent who begins a shift at 6:30 A.M. may need child care which begins at 6:00 rather than the more ordinary 7:00. Similiarly, some parents could be accomodated by slight extension of child care hours in the evening. In Ontario, some child care centres, especially those associated with hospitals, have made these modifications. For example, Pladec Day Care at Kingston Psychiatric Hospital in Kingston and Chedoke-McMaster Hospital Day Care Centre in Hamilton operate with slightly longer days than usual.

Regulated family day care. In Toronto, Metro Children's Services, Family Day Care Services and Victoria Day Care Services all report some use of regulated family day care homes under their auspices for evening, overnight and weekend care. Edmonton Hospital Workers' Child Care Services in Edmonton offers regular daytime care through both a child care centre and a family day care program; a small number of family day care homes provide extended hours and overnight care as well.

An American family day care program has offered overnight care on a large scale in San Francisco by employing immigrant women to provide care in specially purchased apartments (Children's Defence Fund, 1982). It is reported that parents who work at night in Sweden have more difficulty accessing child care than those who work more ordinary schedules and that regulated family day care is most often used to meet this need (Leira, 1987).

In-home care. Care in the child's own home, either at night or overnight, may be an appropriate option for meeting non-weekday child care needs. Location, transportation patterns, work schedules, number of children in the family and parent preferences may all be reasons to consider this option. In Winnipeg, a program called Child Minders, operated by the Manitoba government, provides in-home care at night for two or more children in a family. Emergency child care services in Ontario, both those attached to regulated child care programs like Short Term Child Care (part of Andrew Fleck Day Care Centre) in Ottawa and unregulated commercial babysitting services report that they are very occasionally used to provide in-home care for children at night.

b. Preferential work arrangements for parents.

Policies which allow parents of young children preferential work arrangements can be regarded as another model which can solve child care problems for parents who work atypical hours. In practice, however, these kinds of policies are extremely rare.

It is reported that in Czechoslovakia, a single parent of a young child is allowed the option of not working shifts by national statute (Mohlabane, 1984). At Fishery Products, a Marystown, Newfoundland fishplant, a company policy allows two-parent families who both work in the plant an option of working separate shifts (Government of Canada, 1986, Issue #4).

Although legislation and policies allowing preferential work arrangements for parents of young children have not been frequently employed as a way of solving the need for extended hours child care, it appears to be a fruitful area to explore.

5. Legislation and regulations

There are three ways in which Canadian provincial and territorial child care legislation deals with evening, overnight and weekend child care. Legislation either forbids its provision, includes specific regulations establishing barriers or facilitating it, or ignores it. Generally, provinces and territorial governments either ignore extended hours care or severely limit its operation rather than establishing standards to regulate and facilitate it.

Several provinces' legislation define child care as providing care to children for limited periods of time, usually less than 24 consecutive hours. Manitoba's legislation restricts group child care to "no more than 18 hours in any 24 hour period." Quebec does not permit continuous care for a period of longer than 24 hours in a child care centre; this restriction does not apply to family day care.

Some provinces prohibit the operation of child care centres during evening or night hours. Newfoundland's 1982 regulations explicitly prohibit care in a centre after 7 P.M. The 1975 Act defines child care as occurring during the "daytime" period. Prince Edward Island similarly defines child care as the daytime care of children. British Columbia's current child care legislation prohibits overnight care as well as provision of care for more than 10 hours in a day to any child although special permission allows some programs to override these regulations. However, British Columbia has recently published draft standards for overnight child care.

Other jurisdictions do not explicitly forbid, nor do they regulate child care provided in the evenings and overnight. In Ontario, evening and overnight care is not explicitly forbidden by The Day Nurseries Act nor have specific provincial standards been

developed to regulate it. Several child care centres in Ontario provide evening, nightime and overnight care under licensing agreements with area offices of the Ministry of Community and Social Services. Local health units may impose specific requirements for care at night.

Manitoba is the only province which currently regulates overnight care and has adopted explict standards for its provision. Until recently, Manitoba's subsidy rules limited the expansion of overnight care by establishing maximum fee levels which could be charged for a "full day" of care. Recently, however, the Manitoba government has allowed payment for subsidized parents using overnight care at a higher rate (1 1/2 times an ordinary "full day" rate).

6. Issues

Two sets of issues must be addressed in relation to non-weekday child care programs. The first set of issues relates to the needs of the child and the family. The second set of issues concerns the policy and funding framework within which child care exists in Canada.

There is little agreement and even less data about the effects of various kinds of child care during atypical hours on child development. It is important to distinguish among specific kinds of atypical hours. From the point of view of the child, slightly extended hours or evening care may be quite different from care which extends into the late night or overnight as is child care to accomodate rotating shifts quite different from care which is needed for an occasional night of work.

There is almost no information about the effects upon children of child care during evenings, for extended hours or overnight. Following World War II, the German Democratic Republic (East Germany) initiated overnight or week-long child care centres in substantial numbers. It is reported that concerns about poor development of the children attending these centres led the Germans to improve centre care for young children and to phase out week-long care (Kamerman and Kahn, 1981). Since details of the research which is reported to have been conducted on these programs are unavailable, it is difficult to generalize from this experiment.

For sixty or seventy years, young kibbutz children in Israel have slept separately from their parents in age-grouped Children's Houses. This collective child-rearing experiment appears to produce competent individuals who are characterized by special peer-group relationships (Spiro, 1975). However, although kibbutz child-rearing has been studied extensively, it would be inappropriate to generalize from this Israeli collective-living experience to a very different Canadian context.

Developmental outcomes for children in non-weekday hours child care programs are likely, as they are in other kinds of child care programs, to be affected by the quality of the programs. (For a review of research on the effects of child care programs on child development, see Howes, 1988).

Another, perhaps more subjective, question relates to parents; what kinds of evening, overnight and weekend child care arrangements do parents prefer? Data do not yet exist to answer this question but needs assessments which are currently underway in connection with the Flexible Services Development Project may provide some answers to this question in the future as will data from a major national child care survey which is currently underway (Lero et al, 1988).

People may have strong opinions about the night and overnight care of young children outside their own homes on a regular basis, especially care in a group child care centre. It is possible, however, that the specific context in which the program operates plays an important role in how parents feel about it. For example, parents may feel quite differently about overnight care in a small town in which the child care program is part of their community or neighbourhood than they would in a larger city in which the child care program may not be a key part of their community. Or parents may prefer night care in a home or a home-like setting to a dormitory-like sleeping arrangement. A description of one of Sweden's overnight child care experiments emphasizes the small-scale and homey feeling of the child care centre (Khan, 1984).

The second broad set of issues related to evening, overnight and weekend child care has to do with the policy and funding framework in which it exists. Non-weekday hours child care programs in Canada, like all child care programs, are part of a system supported by user-fees. The funding problems which ordinary-hours child care programs face are well documented (Cooke, et al., 1986). Information collected from non-weekday hours child care programs in connection with this report indicates that funding problems and concommitent affordability problems for parents are intensifed because of the special nature of patterns of demand for these services.

Canadian child care programs report that demand for non-weekday care is less predictable than demand for ordinary daytime child care services. Unpredictable demand creates difficulties in determining staffing needs. Further, the small number of children who need care on any given evening or night will not generate sufficient income to cover the full costs of providing care. Both these factors make the cost of providing care considerably higher than it is in regular daytime programs. As a result, programs must strive to ensure a constant and dependable demand, lower costs, raise fees, or to do all three. For example, recent changes in the way Manitoba allocates subsidies for non-weekday child care together with reduced training requirements for staff (and concomittent reduced salaries) may alleviate some of the reported funding problems. It should be noted that all of the non-weekday child care programs surveyed to provide information for this report identifed funding problems as primary.

V. EMERGENCY AND SICK CHILD CARE

1. Definition of emergency and sick child care

Most families with young children are likely to experience an urgent short-term need for child care at some time. These urgent child care needs include:

a. Care when the parent who normally provides care is ill, has an appointment, is looking for work, or otherwise cannot provide care;

b. Care when the regular alternative caregiver is ill or has cancelled at short notice;

c. Care for an ill child who cannot attend the regular child care program or who requires some special attention due to illness.

For the purposes of this report, the first two child care needs will be called emergency child care and the third will be called sick child care or care for ill children. Although the term "emergency child care" is sometimes used to describe care provided for children whose families are in crisis, this report generally deals with care for families who are experiencing a purely transitory child care-related emergency.

The needs of families and children who are experiencing these short-term child care emergencies are varied and require a variety of responses. For example, a parent who must attend a job interview or is otherwise unable to provide care needs an alternative child care arrangement. On the other hand, both a child whose regular caregiver is ill or a child who is himself ill could be cared for by a parent who has leave from work. Or both of these children could be served by a child care program which gives consideration to the special needs of a child who is ill.

For the purposes of this report, emergency child care and sick child care will generally be discussed together as child care emergencies although some care models and issues will be discussed separately. An important additional part of discussion about child care for ill children is the prevention or reduction of illnesses, discussed below in Section 5: Hygiene, prevention and health education.

2. Need for emergency and sick child care

Most families can reasonably expect to need emergency or sick child care at times and for various reasons. Preschool and young school-aged children can be expected to be ill a number of times each year. American research indicates that parents can expect an infant to be sick nine to ten times a year with respiratory illness such as colds or flu and

a preschool child to have such an illness six or seven times each year (Jordan, 1987). Regulated child care programs may exclude children if they are ill, and parents whose child is ill or who are experiencing another child care emergency may be threatened by discipline at work or loss of pay if they remain away.

Some research indicates that the care of young children in groups may increase the possibility that they will become ill if precautions are not taken (Haskins and Kotch, 1986). However, if consistent health and hygiene practices are followed, the risk of infectious illness can be considerably diminished (Black, et al, 1981).

Information on the demand for child care to meet the needs of family emergencies and for times when the child's regular care arrangement is unavailable has not been documented.

3. Supply of emergency and sick child care

A small number of programs in Canada provide emergency and/or sick child care. At the present time, there are no programs in Canada which have been specifically established to provide care for ill children. However, a number of programs offer emergency child care. The emergency child care programs which operate in group settings do not care for ill children. For example, Scadding Court Community Centre in Toronto provides a group program to deal with short-term emergencies as does Crabtree Corner in British Columbia. Emergency child care programs which provide in-home care, however, often provide child care for ill children as well as in other short-term emergencies. For example, Andrew Fleck Child Care Centre's Short Term Child Care in Ottawa offers emergency and sick child care in an in-home program attached to its regulated family day care program. Information about these is provided in the Resource List.

4. Models of emergency and sick child care

There are two main ways in which families can be helped to make emergency and sick child care arrangements which are either currently in place in Canada and other jurisdictions or are possible:

a. Family responsibility leave policy;

b. Alternative child care programs. Programs to meet emergency child care needs can be developed in three ways: as centre-based programs (including family resource centres), in family day care, or in-home care arrangements.

a. Family responsibility leave.

Family responsibility leave has been defined as "the right to take a certain number of days off each year for such family-related responsibilities as caring for a sick child or disabled family member in an emergency, accompanying a child or disabled family member to a medical appointment, making alternative care arrangements for family members when their caregivers are sick, attending a child's school or day care centre to meet with teachers or caregivers, and similiar family needs" (Townson, 1988, p. 4). Family responsibility leave may be used to meet child care needs both in situations when the child is ill and in other emergencies.

In contrast to some European countries in which family responsibility leave is a statutory right, there is no government policy in Canada which assures family responsibility leave. In a number of countries including Sweden, Norway, Finland, Bulgaria, Czechoslovakia, Hungary, the Soviet Union, and Austria, parents are entitled by law to be away from work to care for an ill child or to meet other family emergencies, either at full pay or partial pay. For example, in Italy, women may have leave to care for a sick child under 3 on production of a doctor's certificate. In Greece, parents with children under 16 employed in private companies with more than 100 workers may take leave of up to six days annually.

Family responsibility leave policies vary from one country to another, including whether the benefit is available to both parents or only the mother, the number of leave days allowed annually, whether the leave is paid, and by how much. The circumstances for which leave is allowed vary as well, with some countries allowing leave only for child illness and others including a number of family responsibilities for which leave may be taken.

Sweden has the most extensive and comprehensive family responsibility leave in Europe. In Sweden, parents have a statutory right to 60 days of family responsibility leave per child per year until the child is 12 years old; benefits are paid at 90% of earnings up to a maximum (Townson, 1988).

In some countries where family responsibility leave is not guaranteed by law, some parents are entitled to leave either through a collective agreement or through a non-negotiated employment benefit or policy. In France, in 1984, nearly half of all collective agreements included the right to leave to care for sick children. This leave may be either paid or unpaid. The length of paid leave varies among agreements in France; an annual leave of one week is common (Moss, 1988).

In Canada, there is no statutory provision for family responsibility leave. Some workers, however, are entitled to these benefits through collective agreements. Although good data are not available across the country, several studies and analyses of existing

data indicate that many collective agreements, perhaps almost a quarter of those covering 200 or more workers, include some family leave provisions which are often paid (Townson, 1988). For example, 90% of members of the Canadian Auto Workers may take 3 paid days annually for family reasons; the Public Service Alliance of Canada has won family responsibility leave in 95% of its union contracts. In some collective agreements, such as the one between the Canadian Union of Public Employees and the Municipality of Metropolitan Toronto, workers are explicitly permitted to use their own sick leave (18 days a year) to care for their ill chidren and are permitted to bank unused sick leave time. In addition to personal leave provisions, CUPE Local 1230 employees (library workers at the University of Toronto) have a "flextime" clause that allows them to alter their working day slightly. If a parent wakes up to a sick child, the working day can be altered to allow a few extra hours in the morning to make alternative child care arrangements.

b. Alternative child care arrangements.

Care which is provided by an alternative caregiver in the parents' absence may be carried out in the child's own home, in a family day care provider's home (which may or may not involve a small group of children) or in a child care centre. Child illness and other child care emergencies may both be dealt with by these alternative child care services. However, the care of ill children in group situations must receive special consideration because of the possibility of contagion. In addition, the care of children who are even mildly ill may require some special expertise. Centre-based care for sick children has aspects which differentiate it from care for children in other emergencies and will be dealt with separately from emergency child care.

i) Centre-based sick child care. Centre-based care for ill children can be provided in two ways, either in or connected to the child's regular child care program or at a central site unconnected to the child's regular care arrangements. There are no child care facilities in Canada devoted exclusively to child care for ill children and the model is not used in European countries.

Care in or connected to the child's regular program can offer care by caregivers who are familiar to the child. Familiar caregivers are more likely to be able to detect small changes in behaviour and demeanour than are unfamiliar caregivers and will be able to comfort a child with whom they have an ongoing relationship. Because several children with the same diagnosed condition can be cared for by one caregiver, this option can be less expensive than in-home care. A disadvantage of this approach is that, generally, only mildly ill children can be accommodated. This model requires additional staff resources, space, equipment and specialized staff training.

At present, some child care centres accommodate ill children who regularly attend but without the extra space, staff and training needed to make this option work well for the ill child, the other children and the staff. For example, a mildly ill child with an ear infection may be well enough to participate in most of the regular program but not well enough to spend time outdoors in winter. An ordinary child care program may not have enough staff to accomodate this; extra staff could help meet the parents' needs.

In the United States, a number of centre-based child care programs offer care to mildly ill children either in the child's own regular child care program or in a situation closely associated with it. The Fairfax-San Anselmo Children's Centre in California provides a "get-well room" for mildly ill children. The room has its own staff person and an area for quiet rest. When no children are ill, the staff person provides extra assistance in one of the other child care rooms.

Wheezles and Sneezles, operated by the Berkeley (California) Sick Child Care Program provides a small "get-well" centre to serve the parents and children of a near-by child care centre. Wheezles and Sneezles accommodates up to six children in a home-like setting. A registered nurse is at the centre for the first two hours to screen and admit children and the child's physician is called if concerns arise during the day. The "get-well" centre is supplemented with in-home care for children who cannot be accommodated in group care.

At the University of North Carolina, the Frank Porter Graham Child Development Centre allows children with colds and other mild illnesses to attend the regular program. Their experience has shown that exclusion of children with respiratory infections is unlikely to affect the spread of these infections in the child care centre.

A study of regulation practices in the United States notes that "many public health experts now recommend that states not require exclusion of most mildly ill children, particularly those with respiratory disease" (Morgan, 1987). Twenty-two states are described by Morgan as permitting mildly ill children in centres.

One American study has demonstrated that when proper hygiene and health practices are followed, most children with respiratory illnesses can remain in the program without danger of contagion to other children; infants, however, did appear to have a slightly higher risk of contagion (Loda, et al, 1972). In general, children with respiratory illnesses are contagious before their symptoms appear and toys and asymptomatic children may also transmit the illness. For these reasons, some experts believe that exclusion of mildly ill children with upper respiratory illness is unlikely to protect other children in the program.

The initial image many people have of the provision of sick child care is **care at a central site serving sick children in a wide geographic area**. In the United States, there are as many as forty or fifty of these programs, some of them located in hospitals. An

infirmary-type model is provided by the Sick Child Care Unit of the San Juan Bautista Child Development Center in San Jose, California. Professional health care workers at the Sick Child Care Unit admit children from anywhere in the San Jose community and provide care during the day in a hospital-like setting (children wear pyjamas during the day). Similiar services, including The Children's Sick Room in Tuscaloosa, Alabama and Schoitz Sick Bay in Waterloo, Iowa are offered by a number of hospitals in the United States which provide outpatient sick child care in vacant beds in their paediatric departments for an hourly charge.

Chicken Soup, a central site, non-hospital-based sick child care program in Minneapolis separates children into several rooms according to illness. The Popsicle Room and the Polka Dot Room provide child care for children with stomach upsets and chicken pox respectively and the Sniffles Room is for children with respiratory illnesses. Chicken Soup has been operating for a number of years and is considered a model program of its kind.

Some central-site models handle a range of illnesses. The San Juan Bautista Center in California cares for "almost all sick children who do not need hospitalization and who are not contagious with a life-threatening illness" (Fredericks et al., 1986). On the other hand, the central-site model has several disadvantages including an environment and caregivers who may not be able to provide emotional support because they are unfamiliar to the child. The Canadian Institute of Child Health has identified the need for sensitivity to meet the emotional, developmental and social needs of sick children and their families in the context of the hospitalization of young children. Guidelines which take a sensitive, family-centred approach have been proposed for the everyday care of ill children (Jolly, 1982). Another important area of concern for some medical practioners is the mixing of children with different contagious illnesses.

ii) Group emergency child care. A small number of child care programs which explicitly provide emergency care have been established in Canada. British Columbia licenses short-term emergency care, requiring a ratio of 1:5, and several centre-based emergency programs have been established in British Columbia, including Crabtree Corner, associated with the Vancouver YWCA.

At Scadding Court, a community centre in Toronto, a group emergency child care program is associated with a program for teen mothers who use it while they attend classes. Parents in the community may use the child care on a short-term emergency basis. As Ontario does not currently license short-term emergency child care programs, Scadding Court is specifically excluded from licensing requirements in The Day Nurseries Act.

Child care resource centres (many of which operate parent-child drop-ins) offer a group child care setting which could provide care on an emergency basis. However, a

survey of child care support services carried out by the Ministry of Community and Social Services in 1987 did not identify this as a service currently provided by Ontario child care resource centres (Ontario Ministry of Community and Social Services, 1987).

iii) Emergency and sick child care in family day care homes. Family day care homes can provide short-term occasional care as an emergency or sick care alternative. Family Day Care Services of Toronto provided this type of service at one time in response to the high cost to subsidized parents of their in-home emergency child care program.

The care of ill children in family day care homes must receive the same special consideration which the care of ill children in any group setting receives. Children who are mildly ill can receive care in that setting if the caregiver receives extra assistance, appropriate training and the child/staff ratio is low, with consideration for the contagious nature of some illnesses. If several children can be cared for by one caregiver, this option can be less costly to operate than in-home care. Family day care homes can also work in close connection with a centre-based child care program to provide care for mildly ill children.

iv) In-home emergency and sick child care. Care in the child's own home on a short-term basis, either when the child is ill or in another emergency, is currently offered in Canada by babysitting businesses and by community child care agencies, usually those specializing in regulated family day care. In Ontario, Family Day Care Services in Toronto and Andrew Fleck in Ottawa, both voluntary agencies which operate large family day care programs, have ventured into in-home emergency child care. Both agencies provide caregivers with some training and support services. As in-home care is not regulated in Ontario, the care is unregulated. In addition, as in-home care is not subsidizable in Ontario, parents' fees to pay caregivers and cover administration costs are substantial ($60 per day in Toronto in 1988).

An in-home service for sick children in the United States, Child Health Care Associates, Inc. based in Chapel Hill, North Carolina dispatches workers after consultation with a registered nurse. The costs of this service to the parents are relatively high (Landis and Earp, 1987).

Several European countries have schemes which provide organized in-home emergency and sick child care. In some parts of France, associations of volunteer grandmothers care for sick children in their own homes while both parents are away at work. In Belgium, several job creation projects have used unemployed workers attached to nurseries to care for ill chidren who regularly attend the nursery (Moss, 1988). A similiar in-home service exists in some places in Sweden. Some local authorities employ caregivers (barnvardare) to care for the child in his or her own home in case of illness or

other emergency. However, as Sweden's extensive family leave benefits have developed, family responsibility leave has generally replaced this form of care (The Swedish Institute, 1987).

In-home care for an ill child can be used when a child is more than mildly ill, has a contagious illness or needs one-to-one care for another reason. At the same time, in-home care is an option which is costly to provide, either for the parent or the child care system.

5. Hygiene, prevention and health education

It is important to consider the prevention or reduction of illnesses as an integral part of the issue of sick child care. Consistent application of good health and hygiene practices can reduce the incidence of infectious illness in child care settings substantially. These health practices include regular and consistent hand-washing by staff and children, toy washing, recommended diaper changing practices, monitoring of immunization requirements, and health and hygiene education of staff, including learning how to recognize and respond to various symptoms of illness. One study found that consistent hand-washing at appropriate times could cut the number of infectious illnesses in half (Black et al, 1981). Good hygiene practices should accompany the development of comprehensive health policies in child care programs and the adoption of an appropriate exclusion policy for ill children. In 1988, a task force of the Canadian Pediatric Society began a national project to develop strategies for preventive health care through child care programs and policies (Gold et al, 1988).

6. Legislation and regulations

Regulation of child care services for ill children. No province explicitly legislates or regulates the provision of child care services for mildly ill children nor does any American state. In 1987, health authorities in Manitoba refused permission to establish a centre for mildly ill children in Portage la Prairie; the fourteen space centre was to have been supervised by a registered nurse.

Provincial child care officials were advised by Manitoba health authorities that sound public health practice dictates that non-hospitalized ill children be excluded from contact with other sick or well children and cared for in their own home environment. The Child Health Committee of the Manitoba Medical Association had strong opposition to the establishment of group care for sick children and the Manitoba Medical Association Board passed a resolution to the effect that child care centres should not care for sick children unless they meet accredited medical standards (Morrice, 1988).

In Ontario, a medical advisory committee has been established to work with the Flexible Services Development Project of the Ministry of Community and Social Services to consider a number of issues related to the health of children in child care programs including the care of ill children in groups (Beach, 1989).

Regulation of emergency child care. The provinces and territories do not, in general, explicitly prevent the provision of emergency child care in family day care homes or in child care centres. Typically, emergency child care provided in home settings is not licensed and must conform to child care regulation only by not exceeding the maximum number of children allowed in unregulated care. In Ontario, for example, an unlicensed private home or a parent/child resource centre may care for up to five children.

Emergency care in group child care centres is not specifically licensed in most provinces. British Columbia is currently the only province which explicitly regulates short-term group child care.

Exclusion policies contained in child care regulations. All provinces and territories currently have child care regulations which include some health and hygiene requirements, usually including requirements for the exclusion of ill children. In general, these regulations say that children who have communicable diseases must be excluded from child care. In Ontario for example, The Day Nurseries Act states,

> "Every operator shall ensure that...where a child....appears to be ill, the child is separated from the other children and the symptoms of the illness noted in the child's records.
>
> When a child is separated from other children because of a suspected illness, the operator shall ensure that,
>
> a) a parent of a child takes the child home, or,
>
> b) where it is not possible....the child is examined by a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act.."
> (Government of Ontario, 1987, p. 27).

Child care regulations in most provinces stipulate generally that any child showing "symptoms of illness" shall be separated from other children in a quiet place until the parents and\or doctor can be contacted. British Columbia's child care regulations require that the ill child must have a private resting place and the close supervision of an adult.

In some provinces, however, the child care legislation specifically mentions certain illnesses for which children must be excluded from child care programs. Saskatchewan's 1977 regulations explicitly state that "a child...showing symptoms of a cold, sore throat,

eye inflammation, rash, fever, diarrhea or other indications of illness...shall be separated from the group and the centre shall notify the parent of the child" (Province of Saskatchewan, 1977, p. 18).

In the United States, child care regulations are moving towards allowing group child care centres to continue to provide care for regularly-attending children when they are mildly ill but to specify certain illnesses for which they must be excluded (Morgan, 1987).

In Canada, communicable diseases for which children are excluded from child care programs may be defined within provincial child care legislation, in provincial health legislation or may not be defined at all at the provincial level. In Ontario, The Health Protection and Promotion Act includes a schedule of communicable diseases which must be reported to local public health units but does not specify communicable diseases for which a child must be excluded from a provincially-licensed day nursery. In practice, specific policies regarding the exclusion of ill children from child care programs in Ontario are at the discretion of local public health units.

General regulation of health in child care programs. In addition to regulations regarding exclusion of ill children, all provincial child care legislation includes some regulations related to safety, health promotion and the prevention of communicable illness. Some provinces include specific requirements in child care legislation. In Saskatchewan, for example, the child care regulations stipulate that "all personnel must submit to their employer before starting work, and annually thereafter, a physician's certificate that their physical and mental health is sound and appropriate for work with children. This certificate shall include the results of a standard test for tuberculosis" (Province of Saskatchewan, 1977, pg. 18).

In other cases, health and disease prevention is the responsibility of health authorities. Provincial health legislation may very specifically describe the roles and responsibilities of local health officals regarding child care programs in some areas. In Ontario, the preparation, handling, serving and storage of food in any food-handling institution (including a child care centre) is described in detail in the sections of the Health Protection and Promotions Act concerned with food premises. Local public health unit officials are responsible for monitoring and enforcing these regulations.

In other cases, responsibility for health matters are delegated to health authorities by the child care legislation or responsibility may be diffused between health and child care authorities. For example, Ontario's Day Nurseries Act says that to meet licensing requirements, "every operator shall ensure that before a child is admitted to a day nursery....and from time to time thereafter, the child is immunized as recommended by the local medical officer of health" (Province of Ontario, 1987, pg. 27). In practice, immunization schedules, as well as monitoring and enforcement of immunization schedules are variable around the province. Neither Ontario's child care legislation or

public health legislation is specific in areas regarded as important in infection control including handwashing, sterilization of toys, and diaper-changing. Policies and recommended procedures for some practices are laid out in the Day Nurseries Manual.

7. Issues

As we have discussed, strategies to improve the child care situations for parents faced with child illness or other short-term child care emergencies fall into three general categories:

a. Good hygiene, prevention, and health education measures to reduce the incidence and transmission of illness in child care;

b. Family responsibility leave and flexible work arrangements allow parents to care for their own children when they are ill or faced with another child care emergency;

c. Development of a range of alternative child care programs to provide child care for children during an illness or a child care emergency.

As in the case of evening, overnight and weekend child care, the issues fall into two general categories. First, all of these approaches have financial implications, either for families or for society. Second, the impact of each approach on children and their families and parental preferences for care must be considered.

Approaches to emergency care and care for ill children, like other aspects of child care, must be considered within the current and future funding and policy context. For example, the incidence of infectious illnesses has been demonstrated to be closely linked to characteristics of child care programs which have funding implications including staff/child ratios, group sizes and staff training, all of which have costs attached to them (Pickering et al, 1981; Haskins and Kotch, 1986). Family responsibility leave obviously has cost implications either for parents (if it is unpaid leave) or the state or employers (if it is paid leave).

Alternative child care services for emergency situations, especially those intended for ill children, are likely to be more costly than ordinary child care services. Use patterns are unpredictable and special considerations including training, small group sizes, and improved staff ratios are likely to be necessary. In-home care or any other variety of child care with a 1:1 ratio has the greatest cost implications.

A second set of issues has to do with the effects of various approaches on children and families. It is important to consider potential psychological and medical effects on children as well as stress and career implications for parents. Care by the parent may be

most desirable at the beginning of an illness, when the illness is quite severe or when there is considerable emotional trauma for the child, as with a very young child. On the other hand, even generous paid family responsibility leave will not solve the problems of a parent whose work or career is jeopardized by an extended absence.

An obvious concern related to alternative child care services is about the care of ill children in group settings. Although American state child care legislation has moved towards allowing ordinary licensed child care centres to provide care for their own mildly ill children, conclusive evidence is not available about the appropriateness of this direction either from the point of view of contagion or consideration about what is best for the emotional well-being of the ill child. From both of these points of view, initiation of central site group child care should be cautious. Certainly, variables like the age of the child, the specific nature and stage of the illness, familiarity with the setting, and quality features of the setting (including staffing and access to medical resources) must be taken into account.

There is little data about parents' preferences for models of emergency and sick child care. One American study surveyed 134 mothers of preschool children who were regular child care centre users in North Carolina. In-home care by parents, followed by in-home care by friends or relatives, were selected most frequently (84% and 76%); however, 53% said that they would consider a sick room at the child's regular child care centre and 38% would use a sick child room at the parents' workplace (Landis and Earp, 1987). Data regarding parents' preferences is forthcoming from community needs assessments underway in Ontario and The National Child Care Study (Lero et al, in progress). Although Canadian parents' preferences among the possible care models are not currently known, undoubtedly parents' views are tempered by their own work and family situation together with considerations of availability and cost of options.

Strategies to improve the care situation for children and families faced with illness and short-term emergencies could include one or more of the previously discussed approaches. In an ideal situation, these three approaches would be implemented simultaneously so that they function in an integrated and comprehensive way. First, good health and hygiene practices could reduce (but not eradicate) illness and thus reduce the need for alternative child care arrangements or family leaves. Second, family responsibility leave policies could offer parents a choice of staying home in an emergency situation or with an ill child without penalty. Third, a variety of alternative child care programs, either integrated within regular child care programs or established separately, could be available as a choice for parents.

VI. CHILD CARE IN RURAL COMMUNITIES

1. Definition of rural child care

For the purposes of this project, a rural community has been defined as one which is "geographically isolated...with a population of less than 10,000, located at least 50 kilometres from a community of 30,000 or more" (Ministry of Community and Social Services, 1988).

2. Rural child care needs

Traditionally, the need for child care outside the family has been viewed as a primarily urban phenonomen. It has been assumed that farm and other rural families were likely to fit the traditional family model which had a father away from the house and a mother caring for young children and carrying out chores.

Work life for rural families has changed significantly in recent years. It is now often difficult for farmers operating small family farms to maintain traditional work/family patterns and survive economically. Today, it is likely that one parent in a rural family is working off the farm. Farm women may carry primary responsibility for working the farm or hold a job outside the home; in 1983, over 70% of Ontario farm women were in the paid labour force (Ontario Ministry of Agriculture and Food, 1984).

A (non-random) survey of rural families in Quebec was conducted in 1983 by the Quebec Ministry of Agriculture, Fisheries and Food through a local newspaper, La Terre de Chez Nous. Results showed farm women strongly involved in production on the farm during the busy months, averaging 42 hours of farm work a week, and 22 hours a week during the less busy months. Seventy-two percent of the women were unsatisfied with their present child care arrangements and wanted to change them (Parent, 1986).

At the same time, new farm technology means that young children cared for by their parents while engaged in farm work may be in danger of injury. The Northumberland (County, Ontario) Child Care Cooperative said, in a brief to the federal Special Committee on Child Care,

> "Agriculture is unique because we are the only industry where our children are raised in the workplace. The driveways where they ride their trikes are the same ones we drive our tractors on. They play hide and seek in the barn among the animals, elevators, chutes, conveyors and chemicals" (Government of Canada, Issue #35, 1986).

It may be difficult to single out a clear child care need which can be identified as "rural". Rural areas may be as different from one another as they are from urban areas. Geographic distances, work patterns, population patterns, history and community attitudes create different sets of needs in the Ontario communities of Red Lake, Essex County and South-East Grey.

Rural communities, like urban areas, often have multiple child care needs within one community. For example, a community in Prescott-Russell, a county south of Ottawa, may include two-parent families who both work in Ottawa, low income parents who work only in the spring and summer seasons, and farmers working small farms as well as working off the farm in order to make ends meet. This community, like urban or suburban areas, has a variety of families with a variety of child care needs.

However, some general characteristics distinguish the composition of child care needs and provision in rural areas from that of urban areas. First, work patterns in rural areas create demands for child care services which are not uniform throughout the year. Although some work in urban areas has seasonal variations, it is a predominant work pattern in many rural areas. Farmers, farm workers, and people in occupations connected to agriculture tend to work long hours in some months (especially during seeding and harvest peaks) and have a corresponding need for child care at those times. Occupations in logging and tourism are strongly seasonal as well. A Wotton, Quebec survey indicated that care was most needed during June, July and August (Busque, 1987). During the winter, rural families may want only several hours of care on certain days for their children, perhaps on a drop-in basis, unless both parents have off-farm jobs.

Second, the population density necessary to support child care programs is absent in many rural areas. When population is spread over a larger area, it is often necessary for child care services to be small scale and multi-service (Abramovitch, 1987; Brown, 1978). At the same time, long distances between home, work and out-of-home child care may create difficulties for parents, children and programs. Child care centres and resource centres established in rural areas may include part-time care and have drop-in programs, toy lending facilities, information services, and parent relief arrangements. A community group from Geraldton, a community with a population of about 3,000 located 180 miles east of Thunder Bay, provided a good description of this multi-service orientation in a presentation to the federal Special Committee on Child Care in 1986:

> Our Centre has diversified its program to include toddlers (18 months), an integrated program for the handicapped, regular day care (2 yrs. to 9 yrs.), nursery and latch key. Through a rural resource program we have emergency drop-in, Mom and Me, toy library and a resource and equipment lending library...regular day care is provided for the working moms.
> (Government of Canada, Issue #29, 1986)

The greater geographic distances between rural families and between families and towns may also mean that children in isolated areas have fewer opportunities at home for socialization and group play experience. Families may seek these experiences for their children through child care programs of various kinds.

A third aspect of the special character of rural child care is the nature of finances and financial need in rural areas. In some rural areas, average family income is lower than in urban areas. Even when income is sufficient, the money may not be available when it is needed. Families dependent on agriculture may have an adequate supply of cash at some times of the year and very little at others. They may not receive a regular paycheque but derive income from the sale of farm produce. In addition, it is often reported that some families in rural communities are proud of their financial independence and are therefore unwilling to accept personal financial assistance.

In Ontario, certain aspects of the child care subsidy system are administered and defined by municipal or regional governments and tend to be less well-developed in rural areas than in some urban areas. There are several reasons for this lack of development; municipal inability or reluctance to cost-share subsidy assistance with provincial and federal governments, current limitations on eligible family assets which exclude many farm families from eligibility, lack of appropriate licensed child care services in most rural areas, and traditional rural unwillingness to accept the current social assistance connotations of child care subsidies are all factors.

A final aspect of the nature of rural child care is the variability year-to-year according to agricultural conditions and economics. The demand for out-of-home child care in rural areas may vary from year to year as changing prices, crop yields and weather patterns affect the number of hours of child care that farm families can provide themselves. For example, Timiskaming Rural Child Care reported a decline in demand for its in-home child care services in the summer of 1988. Excellent weather meant there was no great rush to get crops harvested, so most of the harvest work could be done by farm men without assistance of the farm women. In Saskatchewan, declining grain prices and periodic drought have changed farm work and child care patterns over five years. In 1975, more than 2/3 of farm families did not need additional employment to sustain their farms. Now, after five years of declining grain prices and periodic drought, 55% of Saskatechewan farm familes include at least one person working off the farm and 29% have two or more (Globe and Mail, 1988).

3. Ontario's rural child care pilot projects

According to the definition of rural child care used by the Flexible Services Development Project, various rural communities around Ontario and in other parts of Canada currently include a variety of child care services within the ordinary child care

funding and policy framework. Some of these, like the child care centre in Geraldton described above, have adapted their programs to meet the needs of their communities. Few child care programs in Canada, however, have been established outside the usual policy arrangements to respond specifically to rural child care needs.

In 1986, in response to concerns raised by the Ontario Federation of Agriculture about the safety of farm children and the underdevelopment of child care in rural areas, the Ontario Ministry of Community and Social Services developed four rural child care pilot projects. The projects are located in the counties of Northumberland, Dufferin-Simcoe, Lambton and the District of Timiskaming.

During the summer of 1988, the Northumberland project offered several different types of unregulated child care. In-home care was provided by a small number of early childhood education students whom families reserved during peak farm work periods. A group child care arrangement operated for 8 weeks during the summer in a local school for children aged 2 1/2 to 10 years. Caregivers to whom parents were referred were recruited to provide unregulated private home care year-round. Play-days were organized once a month throughout the year in community centres in four locations in the county to offer parent relief and socialization activities for children.

The Timiskaming project provided regulated private home day care during the year, in-home care for three or more children during peak farming periods and a toy lending service through the local library.

The Dufferin-Simcoe project offered in-home care during peak work periods as well as referrals to unregulated caregivers. Dufferin-Simcoe used a system of "network" arrangements which teamed a child from a non-farm family with a farm child to share an in-home caregiver in the farm house. If the child care arrangement included more than five children, two caregivers provided care.

The Lambton project provided a year-round registry of unregulated care providers and a toy lending library. The registry recruited and screened caregivers, provided training, visited and supported caregivers, and referred parents to child care arrangements.

A common element in this program of pilot projects is that all provided several child care services. In-home care was provided for families where both parents work on the farm. The Dufferin-Simcoe project extended this concept with the "networking" idea. Caregivers were recruited from the local community and provided with training and support. Although the operating details vary among the projects, all caregivers received first aid training, farm safety training and information on child development and planning children's activities. Although the projects generally offered unregulated child care, the care was supervised and received funding as a pilot project.

Another important feature of the rural child care pilot projects was that, as pilot projects, they were globally funded by the provincial government. Parents using child care arrangements which would not ordinarily be eligible for a subsidy (like in-home care or unregulated private home day care) paid only part of the actual cost of care. This feature, of course, alleviated the funding problems experienced by more traditional child care programs in rural areas and the affordability problems experienced by parents.

Another rural child care pilot project operated in the summer of 1988 in Durham Country close to Port Perry, Ontario. Sponsored by the local Women's Institute, in-home care was provided to farm families for a fee of $15 for one or two children for a nine hour day. Additional funding for the project was obtained through federal summer student job creation funding and the area office of the Ministry of Community and Social Services.

4. Models of rural child care

Regulated family day care. There are a number of successful regulated private home day care agencies or projects operating in rural areas in Ontario. Muskoka Family Focus, for example, provides regulated private home day care as well as other child care services in a large non-farming rural area. One of Ontario's rural child care pilot projects, the Timiskaming project, has provided regulated private home day care throughout the year.

Group family day care. Group family day care offers care in a private home (usually the caregivers' home) by two caregivers to a group of children larger than usually allowed. In the United States, thirty-five states, several allowing as many as eighteen children per home, regulate group family day care (Morgan, 1987). A variation on this model exists in Sweden where the three-family model provides care for three children from more than one family in the home of one of the families. The caregiver, like other family day care providers in Sweden, is trained and employed by the municipality (City of Stockholm, 1981).

In Ontario, group family day care has been attempted several times. Several group family day care homes were funded under the Day Care Initiatives Funding in the mid-1980s but later ceased operations. In recent years, there have been several group family child care homes in rural areas of Ontario, including some of the "network" homes within Dufferin-Simcoe's rural pilot project.

In-home child care. Survey evidence from rural areas in Quebec and Ontario indicates there is a demand for child care within the child's home (Busque, 1987). Three of Ontario's rural pilot projects have offered in-home care for farm families on an occasional or seasonal basis. A similar project was attempted at Wotton, Quebec, ending in August,

1986. The Quebec child care authorities, l'Office des services de garde a l'enfance, directly approved the in-home caregivers. Parents were required to sign a contract with the caregiver, and the child's home had to satisfy specified safety and health standards. The arrangement guaranteed each of 20 families one day of care per week so that they could engage in farm work.

In-home care is used in some European countries to provide seasonal child care in rural areas. In rural areas in Portugal where the mother's work is "not permanent", seasonal caregivers provide care in the child's home in some curcumstances (Moss, 1988). Moss notes that in Denmark, it is primarily parents in rural areas and provincial towns who use privately-arranged in-home care, perhaps because public child care programs are less available in rural areas than in larger towns. In France and Spain, too, rural children are more likely to be cared for in their own homes by informal caregivers than those in urban areas (Moss, 1988).

Licensed child care centre or resource centre: the "hub". In towns serving rural areas, or in a rural area outside a town, a child care centre or a child care resource centre (or both), can provide or coordinate several kinds of child care services including group child care, child/parent drop-in, regulated private home day care, toy lending library, mobile child care programs, and information and referral. In Ontario, Muskoka Family Focus developed from a child care resource centre. Through a community planning process, Muskoka Family Focus is adding new child care services over a period of several years as resources become available.

A community child care organization, South-East Grey Community Outreach (SEGCO), operates a network of licensed child care centres and playgroups in the very rural southeast section of Grey-Bruce County, Ontario. Their programs include full day child care (infants to school-age), before and after school care, seasonal child care including extended hours care in haying season, seasonal school-age programs and playgroup resource lending programs. In addition, SEGCO publishes a community newsletter and co-ordinates support for seniors.

In towns and villages which act as the hub for a surrounding rural area, licensed child care centres seem to be a good way to deliver child care services. A number of Ontario towns including Wingham in Huron-Bruce County and Red Lake, Sioux Lookout and Geraldton in northwestern Ontario offer licensed, municipally-operated child care centres. These child care centres may be small and need to allow parents more flexibility than most urban child care centres (Abramovitch, 1987). Currently, in order to serve enough families to be financially viable, child care centres in rural areas may try to meet a number of different child care needs. This could mean offering child care on a full-time as well as part-time or part-week basis, serving school-age children as well as preschoolers, expanding service, planning different programming for the summer, and so on.

European countries which provide publicly-funded child care systems like France, Italy, Sweden and Denmark provide child care centres in many rural communities. However, it is reported that throughout the European Community and in Sweden, rural areas are less well-supplied with child care or preschool education centres than urban areas (Moss, 1988; Leira, 1987).

5. Legislation and regulations

None of the provinces have specific child care standards designed to facilitate or restrict the provision of child care in rural areas. To the extent that ordinary child care regulations restrict the flexibility of designing a program tailored to rural needs, they will affect rural care. For instance, regulations which do not permit the development of group family child care will be a barrier to its development in both rural and urban areas.

Two amendments have been considered to Saskatchewan's family day care regulations to allow the small number of licensed homes (which can currently serve eight children) to serve more children during peak farm work periods.

6. Issues

Issues important to a discussion of rural child care fall into two categories. One set of issues relates to the characteristics of rural child care needs identified earlier in this section; seasonal work patterns, low population density, the nature of rural finances and year-to-year variability in child care needs. These features make it difficult to predict rural child care use patterns from year to year and from place to place. A second set of issues place rural child care needs with these characteristics within the broader context of child care policy and funding.

A wide variety of child care services currently exist in rural areas in Canada including child care centres, resource centres, regulated private home day care, in-home care, group family day care, information and referral services, mobile units, parenting programs and toy libraries. Examination of these services indicates that they appear to be as adaptable to rural areas as they are to urban communities, especially if hours and other conditions of attendance are flexible. The difficulties that rural child care programs report seem to relate more to problems of accessing adequate funding under current funding arrangements than to their ability to develop programs suitable for rural families.

A brief presented to The Special Committee on Child Care in 1986 describes this eloquently. The brief presented by two rural women representing the National Farmer's Union stated:

> We are concerned about the lack of day care within the rural areas in Canada. Rural life is unique and it is changing....

The brief goes on to identify specific issues and child care needs including concerns about new farm technology and accidents to children, the need for seasonal child care and care to accommodate parents who must work off-farm, socialization opportunities for children and parents, emergency care and drop-in care. One of the presenters, a farmer in Prince Edward Island, described a child care centre she had organized to accommodate many of these needs in her rural community:

> The program is now in very serious danger of collapse. We have very strong community support, however with such limited income it is hard to draw qualified staff. Without some government assistance, we are very sure the program cannot survive.
>
> We were told it was not feasible to have a day care centre in our area. I think it is a good example of the struggle a centre has to go through in a rural community... (Government of Canada, Issue # 17, 1986.)

VII. DISCUSSION: FLEXIBLE CHILD CARE SERVICES IN ONTARIO

Information collected for this report indicates several things. First, few child care services in Canada have been developed to assist families whose child care needs are not met by traditional child care programs. A review of the published literature about child care in other countries reveals that even in those countries which have well-developed child care systems (like France and Sweden), these child care needs are not well met. With the exception of family responsibility leave policies, which are very well developed in some countries, parents who work non-weekday hours, have short-term child care emergencies, or live in rural areas are likely to have difficulty finding appropriate child care.

Second, little data have been collected which could contribute to a consideration of the best ways to provide flexible child care services. Very little developmental research, preference or attitude surveys, evaluations of pilot programs or research in the health area have been conducted to direct the development of policy. Some work now underway in Canada, including an evaluation of Ontario's rural child care projects, the Flexible Services Development Project, several needs assessments underway in Ontario and the National Child Care Survey will yield useful information in the next few years.

Third, the development of flexible or non-traditional child care programs will need to be multi-faceted and comprehensive if they are truly to meet families' needs. Just as it is impossible to say that all families who have "typical" child care needs can be served by one program-delivery model, it is just as difficult to assume that all shiftworkers, or all parents of children when they are ill, or all rural families could be served by one model. The evidence indicates that a comprehensive view of the delivery of child care services is required.

Finally, reports from flexible child care services which currently exist in Canada indicate that funding problems are a primary barrier to the development and operation of child care services to meet non-traditional needs. The cost of providing flexible child care services, characterized by unpredictable, seasonal or irregular use patterns, is even higher than the cost of ordinary child care.

As New Directions for Child Care points out, more flexible child care services can allow all families a choice of ways to integrate the needs of family and working life. As the Ontario government moves towards "a comprehensive, province-wide child care program that will provide flexibility, choice and affordability for all Ontario families", flexible child care services, like more traditional child care services, will benefit from the support of appropriate policy and funding arrangements in order to become a reality (Ministry of Community and Social Services, 1987).

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RESOURCE LIST: FLEXIBLE CHILD CARE SERVICES IN CANADA

NOTE: The information in this resource list has been provided as consistently as possible. However, uniform information was not available for all programs.

1.

Name:	**SHORT TERM CHILD CARE** (Andrew Fleck Day Care Centre)
Address:	256 King Edward Ave., Suite 304, Ottawa, Ontario K1S 2A4
Telephone:	(613) 238-2420
Type of care:	In-home emergency and sick child care
Number of Children:	8-12 daily
Profit/Non-profit:	Non-profit
Licensed:	No, but Andrew Fleck Day Care Centre is.

Since September of 1987, Short Term Child Care has provided occasional child care during the day to children of registered parents through in-home caregivers and short term family day care home placements. Late evening and overnight care has been provided on a very occasional basis. The program is not financially viable in its present form because the fees do not cover the actual costs.

2.

Name:	**OAKWOOD PRESCHOOL EDUCATION CENTRE**
Address:	33 Compton Street, Kingston, Ontario K7L 5V4
Telephone:	(613) 548-8008
Type of care:	Emergency care in a child care centre
Profit/Non-profit:	Public
Licensed:	Yes (including emergency care)

Oakwood Preschool Education Centre has been operating a regular child care program in Kingston since 1976. Since May of 1988, they have also provided emergency child care, using empty spaces in the municipal child care centre. The emergency program is not advertised in the community; only persons referred by a social service agency or physician learn about it.

3.

Name:	**TEMPORARY CHILD CARE** (Family Day Care Services)
Address:	380 Sherbourne Street, Toronto, Ontario M4X 1B2
Telephone:	(416) 922-9556
Type of care:	In-home emergency, evening and sick child care
Number of Children:	Average 11-16 daily
Profit/Non-profit:	Non-profit
Licensed:	No, but Family Day Care Services is.

Temporary Child Care is an emergency or short-term child care service available throughout the greater Metropolitan Toronto area. It is a program of Family Day Care Services, a licensed non-profit private home day care agency. Users are predominantly middle to high income families able to afford the high fees. There is a small fund within the agency to subsidize parents who already are regular subsidized users of other Family Day Care Services programs and who need temporary child care.

The program was originally intended to provide temporary care in the child's home or in a caregiver's home. The supervisor commented that the second component is no longer offered as parents appear to prefer temporary care in their own home, especially when the child is ill.

4.

Name:	**SCADDING COURT COMMUNITY CENTRE EMERGENCY DAY CARE**
Address:	707 Dundas Street West, Toronto, Ontario M5T 2W6
Telephone:	(416) 363-5392
Type of care:	Emergency care in a child care centre
Number of Children:	Average 9 daily
Profit/Non-profit:	Non-profit
Licensed:	No

Scadding Court has provided unlicensed emergency child care since 1982. Their original target clientele was shelter residents and the program originally operated half days due to funding limitations. Since many emergency shelters in Toronto now provide their own child care, the program now focuses on low income, unemployed and single parents. Service is, however, available to any family in need of short term emergency child care.

The program operates between 9 A.M. and 5 P.M. Monday to Friday and a half day on Saturdays. Sustaining funding is provided through the Ministry of Community and Social Services and parent fees are based on ability to pay.

5.

Name:	**CHILD CARE BY SANDI AND ASSOCIATES**
Address:	638 Lindsay Street, Winnipeg, Manitoba R3N 1H7
Telephone:	(204) 489-7454
Type of care:	24 hours a day, 7 days a week; emergency and sick child care in a child care centre
Number of Children:	Average daytime attendance 8, average evening, night and weekend attendance 2-3 (attendance is higher in fall, winter, and spring seasons)
Profit/Non-profit:	Profit
Licensed:	Yes

This small group child care centre is in a residential setting. The centre provides a staff person to care for an ill child in the child's home for an extra fee for regularly enroled children.

The current users of the day program tend to be middle to high-income two parent families; users of evening, night and weekend programs are typically single parent families and sometimes two parent families where both parents work shifts. Evening, night and weekend fees are deliberately kept low.

The program needs to operate at full capacity at all times to be financially viable. Consistent hours and consistent groupings are virtually impossible to achieve. The program owner reports major problems to be lack of funds to pay staff well, lack of financial assistance for parents and lack of trained staff to work with infants.

6.

Name:	**CRISIS NURSERY**
Address:	1020 Victoria Avenue, Saskatoon, Saskatchewan S7N 0Z4
Telephone:	(306) 242-2433
Type of care:	Emergency child care 24 hours a day, 7 days a week in a child care centre
Number of Children:	Capacity 10
Profit/Non-profit:	Non-profit
Licensed:	Yes, under The Special Care Homes Act

The type of program offered by Crisis Nursery has some characteristics of a child welfare service. Children can be brought to the centre at any hour of the day or night and may stay as long as three days. Legally, the children remain the responsibility of their parents, so a parent using the service does not risk losing custody of the child. The children are cared for in a safe, home-like environment and the parents are directed to agencies who can help them through a family crisis. The majority of users are single parents and/or low income families. All self-referred families use facilities free-of-charge.

7.

Name:	**CRABTREE CORNER SHORT TERM EMERGENCY CHILD CARE**
Address:	101 East Cordova Street, Vancouver, British Columbia V6A 1K7
Telephone:	(604) 689-2808
Type of Care:	Emergency child care
Number of Children:	Capacity 20
Profit/Non-profit:	Non-profit
Licensed:	Yes

Since March 1985, Crabtree Corner has provided short term child care to a low income, transient population, most of whom are native and/or single parents. Many of the families are enduring some form of family crisis. Many are living in a shelter or rooming house, or have no permanent place to live. A government regulation allows the program to offer only 72 consecutive hours of care. The program has identified this as a problem for parents who use the program while in job retraining programs. Most families use the centre on and off for about three months before their circumstances change.

The program operates from 9:30 A.M. to 4:15 P.M. Monday to Friday and is available for children from 6 weeks to 6 years of age. It operates at an annual deficit of $80,000 because the low income population served cannot afford even modest fees and the maximum provincial subsidy rate is less than the actual costs of care.

8.

Name:	**K.I.D.S. CHILD CARE CENTRE** (Kolumbia Inn Day Care Society)
Address:	c/o Royal Columbian Hospital, 330 East Columbia Street, New Westminster, British Columbia V3L 3W7
Type of care:	Evening, emergency and occasional care in a child care centre
Telephone:	(604) 524-0522
Number of Children:	Capacity 26
Profit/Non-profit:	Non-profit
Licensed:	Yes

This on-site workplace day care, located in portable buildings in the staff parking lot of the Royal Columbia Hospital has been providing part-time, emergency, and extended hours care since November 1985. K.I.D.S. was formed by the amalgamation of the Kolumbia Inn Day Care Society and Y's Choice Emergency Child Care Centre.
K.I.D.S. operates at a deficit, most of which represents staffing costs associated with the emergency care program.

9.

Name: **CHILD ACCIDENT PLAN**

Address: c/o The Manitoba Child Care Association Inc.,
364 McGregor Street,
Winnipeg, Manitoba
R2W 4X3

Telephone: (204) 586-8587

The Manitoba Child Care Association in conjunction with Manitoba Blue Cross offers accident insurance for children aged one and six years of age enroled in child care centres that are members of the Association. Through this insurance, children who have accidents beyond their control causing bodily harm will be reimbursed for some of the dental, transportation, hospital and injury-related expenses. The plan also covers up to two years of reasonable expenses for children with specified illnesses. A third feature of the insurance provides some compensation to help offset alternative child care expenses when a child is unable to attend the regular program due to illness or accidental injury. Families become eligible for a benefit of $5.00 a day after the child misses four days of child care.

10.

Name: **NORTHUMBERLAND RURAL CHILD CARE CORPORATION**

Address: P.O. Box 1511,
Brighton, Ontario
K0W 1H0

Telephone: (613) 475-1325

Type of care: In-home care, unregulated family day care, seasonal group care in a centre; rural pilot project

Number of Children: 119 enroled, daily average unknown

Profit/Non-profit: Non-profit

Licensed: No

In 1985, this rural pilot project began providing in-home care to children of farm families from May through August. Since May, 1986, the project has provided four types of care for rural families: care in the child's home (available only to families where both parents work on the farm), care in a caregiver's home, two centre-based programs in the

summer and monthly supervised playdays in four communities form October to May. It is a rural pilot project funded by the Ministry of Community and Social Services.

11.

Name:	**SOURIS DAY CARE CENTRE INC.**
Address:	P.O. Box 624, Souris, P.E.I. C0A 2B0
Telephone:	(902) 687-3762
Type of care:	Child care centre in a rural area
Number of Children:	24 daily in May-June, 17 daily rest of year
Profit/Non-profit:	Non-profit
Licensed:	Yes

Souris Day Care Centre, located in a fishing community, provides flexible care for parents who work only part of the year. Fees are charged by the day, rather than by the week or the month. The hours of operation are 7:00 A.M. - 5:30 P.M. in summer and slightly shorter (7:45 A.M. - 5:30 P.M.) in winter. All types of families, including working and not working, single parent and two parent, low and middle income, use the centre.

12.

Name:	**DUFFERIN COUNTY FARM CHILD CARE**
Address:	P.O. Box 295, Orangeville, Ontario L9W 2Z7
Telephone:	(519) 941-9372
Type of care:	In-home care "network", unregulated family day care; rural pilot project
Number of Children:	Average 15 to 20 daily
Profit/Non-profit:	Non-Profit
Licensed:	No

In-home care is available to farm families when both parents are working on the farm, and in emergency situations. The project also coordinates referrals to unregulated family day care homes (called "network care"), runs summer day camps for children and provides care on teacher's Professional Development days for school-aged children. The project also provides care at the fall fair and other special events. The project is funded by the Ministry of Community and Social Services.

13.

Name:	**TIMISKAMING RURAL CHILD CARE FOR THE NORTH**
Address:	P.O. Box 479, Earlton, Ontario P0J 1E0
Telephone:	(705) 563-2787
Type of care:	Regulated family day care, in-home care in a rural area; rural pilot project
Number of Children:	Average - family day care 37, in-home care 7 daily
Profit/Non-profit:	Non-profit
Licensed:	Family day care is regulated; the rest of the program is not.

TRCC is licensed as a private home day care agency. As well, it provides in-home care to farm families while both parents are engaged in farm work, operates a toy library and is developing its capabilities as an information and resource centre and drop-in facility. The project produces a newsletter and organizes workshops as well.

Since the program began, it has moved away from a focus on in-home care for farm families to a broader range of services. In 1988, an ECE graduate was hired as supervisor of the in-home program and the wages to caregivers were increased. The supervisor reports that this has reduced staff turnover and the improved the program's training of caregivers. The program receives funding from the Ministry of Community and Social Services allowing fees charged to be lower than actual costs in both in-home and family day care.

14.

Name:	**LAMBTON RURAL CHILDCARE**
Address:	P.O. Box 636, Wyoming, Ontario N0W 1T0
Telephone:	(519) 845-3400 or 1-800-265-0257
Type of care:	Registry of unregulated providers, referral to child care centres; rural pilot project
Profit/Non-profit:	Non-profit
Licensed:	No

Lambton Rural Childcare operates a registry service which provides information about licensed and unlicensed child care in a rural area. The program also conducts mandatory workshops for caregivers and provides parents with information about how to choose child care. It began in 1986 as a rural pilot project funded by the Ministry of Community and Social Services.

15.

Name:	**PAIVITSIAK CHILDREN'S CENTRE**
Address:	P.O. Box 121, Nain, Labrador A0P 1L0
Telephone:	(902) 922-2869
Type of care:	Child care centre in a remote community
Number of Children:	Capacity 18
Profit/Non-profit:	Non-profit
Licensed:	Yes

The Paivitsiak Children's Centre is located in the small isolated community of Nain, Labrador, many of whose inhabitants are Inuit. In 1984, the centre was opened to serve parents who worked in the local fish plant during the summer; parents were charged $5 per day for care. After a period of uncertainty, the day care centre received funds from the Department of Social Services to stay open 9 months of the year.

16.

Name:	**WHITE ELEPHANT DAY CARE**
Address:	R.R. #3, Harrowsmith, Ontario K0H 1V0
Telephone:	(613) 372-2886
Type of care:	Group family day care in a rural area
Number of children:	Capacity 12
Profit/Non-profit:	Profit
Licensed:	No

In January 1983, White Elephant Day Care was established as a group family day care home. The program is barely financially viable and in this rural area, parent fees cannot be increased. The program also provides care for ill children and occasionally provides an emergency service to the siblings of day care children who are ill.

17.

Name:	**STORMONT, DUNDAS AND GLENGARRY PRIVATE HOME DAY CARE AGENCY**
Address:	20 Pitt Street, Cornwall, Ontario K6J 3P2
Type of care:	Family day care in a rural area
Telephone:	(613) 933-7909
Number of children:	Average 90 daily
Profit/Non-profit:	Public
Licensed:	Yes

The Stormont, Dundas and Glengarry Private Home Day Care Agency began in May 1982. Originally, it only served mothers who were on welfare or receiving family benefits; its services are now available to all residents of the area. Child care is provided for up to 10 hours a day but extended hours (up to 12 hours a day) can be arranged occasionally, as can evening care and overnight care. Almost all parents receive subsidies.

18.

Name:	**SPRING BROOK DAY CARE**
Address:	R.R. #2, Kensington, Prince Edward Island C0B 1M0
Telephone:	(902) 886-2973
Type of care:	Child care centre in a rural area
Number of Children:	Average 30 daily
Profit/Non-profit:	Profit
Licensed:	Yes

The child care centre has been licensed for 9 years, running year round for 6 years and May till November for the last three. Normal hours of operation are 7:00 A.M. to 6:30 P.M., 6 days a week, including holidays. Hours can be and are stretched to serve shifts which run earlier or later. Most of the users are two parent families with low to

middle incomes and a few single parents; many receive subsidies. Many mothers work in the local fish plant during the summer which explains the seasonal pattern of the need for care.

19.

Name:	**MUSKOKA FAMILY FOCUS AND CHILDREN'S PLACE**
Address:	Box 2794, Bracebridge, Ontario P0B 1C0
Telephone:	(705) 645-3027
Type of Care:	Child care centre, private home day care program and resource centre in a rural area
Profit/Non-profit:	Non-profit
Licensed:	Yes

Muskoka Family Focus is an innovative hub model, providing a network of child care services within the vicinity of three towns in the rural region of Muskoka. The services include drop-in centres, parent education courses, private home day care, a child care centre, and after-school care. The group has conducted community needs assessments and a strategic planning process to support the development of a wide range of child care services.

20.

Name:	**FORBID THEM NOT CHILDREN'S CENTRE** and **A NEW LIFE CHILD CARE**
Address:	867 Upper Ottawa Street, Hamilton, Ontario L8T 3V4
Telephone:	(416) 575-9405
Type of care:	24-hour care in child care centres
Profit/Non-profit:	Profit
Licensed:	Yes

These two child care centres began operations on a 24-hour, 365 day a year basis in March of 1977. In addition to the regular 24-hour program, a summer camp program including day and overnight care and occasional in-home care for sick children are offered.

21.

Name:	**THE CHILDREN'S PLACE** **(Carling Avenue)**
Address:	c/o 23 Donna Street, Nepean, Ontario K2G 2V5
Telephone:	(613) 225-5218
Type of care:	Twenty-four hour care in a child care centre
Number of Children:	Capacity 20 evenings
Profit/Non-profit:	Profit
Licensed:	Yes

The centre's core hours of operation are 7 A.M. to 6 P.M. but it stays open any time there is demand for care. Users are primarily low to middle income families with the majority being single parent families. Many occupations are represented and a large variety of different shifts and hours can be accommodated. For example, the centre accommodates taxi drivers starting at 5 A.M. Monday to Friday, bartenders working

5 P.M. - 1 A.M. four or five days a week, waitresses working all different hours and back-to-back shifts, nursing staff on 8-hour shifts and 12-hour shifts and workers on call.

22.

Name:	**THE CHILDREN'S PLACE (Kanata)**
Address:	c/o 23 Donna Street Nepean, Ontario K2G 2V5
Telephone:	(613) 225-5218
Type of care:	Evening and night care in a child care centre on request
Profit/Non-profit:	Profit
Licensed:	Yes

The Children's Place (Kanata) has the same core hours as Carling Avenue - 7:00 A.M. to 6:00 P.M. - and provides additional care on request before 7:00 A.M. or after 6:00 P.M. Monday through Friday. The main users of The Children's Place (Kanata) are two parent families. Originally, only middle and upper middle class professionals used the facility; recently more lower income parents have been using care.

23.

Name:	**WESTEND DAY CARE CENTRE INC.**
Address:	1925 Saskatchewan Avenue West, Portage La Prairie, Manitoba R1N 0R6
Type of Care:	Evening care in a child care centre
Telephone:	(204) 857-8910
Number of Children:	Capacity 24 evenings
Profit/Non-profit:	Non-profit
Licensed:	Yes

Westend Day Care Centre has been providing child care services in Portage La Prairie since 1973 and extended hours service since 1975. The centre is open from 6:45 A.M. to 12:00 midnight, five days a week; the daytime capacity is 60 children while 24 children can be accommodated in the evenings. Westend has applied for licensing and financial assistance to make 20 spaces available for overnight and weekend care.

Westend operates on a deficit budget each year. Westend's director believes this is a direct result of tighter provincial regulations in recent years which require maintenances of staff-child ratios at all times (e.g. even during coffee breaks). She believes provincial maintenance grants will have to rise if the program is to be fully financially viable.

24.

Name:	**TWENTY-FOUR HOUR CHILD CARE CO-OPERATIVE**
Address:	1561 Elphinstone Street, Regina, Saskatchewan S4T 3M9
Telephone:	(306) 352-2533
Type of care:	Evening and weekend care in a child care centre
Profit/Non-profit:	Non-profit
Licensed:	Yes

The Twenty-Four Hour Child Care Co-operative has been providing extended hours care seven days a week in Regina since 1976. The Twenty-Four Hour Child Care Co-op experimented with overnight care but the demand was not sufficient and reliable enough to make the program financially viable. Current hours are 6 A.M. to 2 A.M. Monday to Saturday and Sundays 6 A.M. to midnight.

Staffing is difficult to arrange because attendance is uncertain. Two staff are present at all times even if only one or two children are present. Daytime revenues subsidize weekend and evening care.

25.

Name:	**REGINA GENERAL HOSPITAL DAY CARE CO-OPERATIVE**
Address:	1440 14th Avenue, Regina, Saskatchewan S4P 0W5
Telephone:	(306) 522-0393
Type of care:	Evening care in a child care centre
Profit/Non-profit:	Non-profit
Licensed:	Yes

Since September 1982, the Regina General Hospital Day Care Co-op has provided evening child care to parents who work in the hospital or in related health sciences occupations. The day care centre is open from 6 A.M. to 6 P.M. and will stay open to 9 P.M. on request (usually fewer than 4 children stay late).

26.

Name:	**STAR DAY CARE INC.**
Address:	812 Fairford Street East, Moose Jaw, Saskatchewan S6H 0G4
Type of care:	Evening care in a child care centre
Telephone:	(306) 693-8955
Profit/Non-profit:	Non-profit
Licensed:	Yes

Star Day Care began providing child care services in 1980 and evening child care in May 1988. The centre is open from 6:30 A.M. to 2:30 A.M. each day.

27.

Name:	**LOTSA TOTS CHILD CARE**
Address:	P.O. Box 189, Red Deer, Alberta T4N 5E8
Telephone:	(403) 340-5775/343-8472
Type of care:	Evening care in a child care centre
Profit/Non-profit:	Profit
Licensed:	Yes

Lotsa Tots Child Care Services offers centre-based evening hours care on a government work site. Until 1987, the centre was open till 9:30 P.M.; since then, it has been open until 11:30 P.M., five days a week.

28.

Name:	**MORNING STAR CHILD CARE LTD.**
Address:	1099 Fraser Street, Kamloops, British Columbia V2C 3H8
Telephone:	(604) 828-1172
Type of Care:	Extended hours and overnight care 7 days a week
Number of Children:	Capacity 10 overnight
Profit/Non-profit:	Profit
Licensed:	Yes

Morning Star Child Care has been in operation in Kamloops since September 1987. This large group child care centre is regularly open from 6 A.M. to 4 A.M., seven days a week, and through the night as required.

29.

Name:	**CAROL'S PLAYCARE CENTRE**
Address:	608 Wood Street, Whitehorse, Yukon Territory Y1A 2G3
Telephone:	(403) 667-7066
Type of care:	Evening, overnight, and emergency child care in a 24-hour child care centre
Number of Children:	Capacity 15 in the evening and 6 overnight
Profit/Non-profit:	Profit
Licensed:	Yes

Since 1986, Carol's Playcare Centre has provided child care 24 hours a day, 7 days a week in Whitehorse, Yukon. Recently, the Centre has decided to close on Sundays. Typically, there are no more than 35 children in this centre, located in a house, with a limit of 15 during evening hours and six children overnight (no infants overnight).

The regular child care day begins at 7:30 A.M. and ends at 6 P.M. Monday to Friday. Children may be brought in between 4 P.M. and 9 P.M. for evening care (including supper) or may stay later than 6 P.M. Children not picked up by midnight will sleep overnight and be fed breakfast in the morning. They must be picked up between 7:30 A.M. and 9 A.M. (except weekends till 10 A.M.). If a parent works nights and must sleep the next day, they can pay an additional half-day rate and pick the child up by 1 P.M.

30.

Name:	**SEVEN TOWERS NON-PROFIT FAMILY DAY CARE INC.**
Address:	268 James Street South, Suite 107, Hamilton, Ontario L8P 3B5
Telephone:	(416) 529-8141
Type of care:	Evening, night and emergency care; family day care and in-home care
Profit/Non-profit:	Non-profit
Licensed:	Family day care program is licensed; in-home program is not licensed but operates under The Homemaker and Nurses Act.

Since September 1982, Seven Towers Non-Profit Family Day Care has operated a supervised private home day care program. The Homemaker Service, through which care is provided in the child's home, commenced in 1985 on contract with Regional Social Services. Through these two programs, Seven Towers provides some emergency child care, some care for families working on shifts, evening or night hours, as well as regular daytime child care.

31.

Name:	**OFF-HOUR DAY CARE PROJECT**
Address:	Child Day Care 2nd Floor, 114 Garry Street, Winnipeg, Manitoba R3C 1G1
Telephone:	(204) 945-2667
Type of care:	Evenings and night care up to 18 hours per day; in-home and family day care
Number of Children:	40
Profit/Non-profit:	Public. Administered by the Dept. of Community Services, Child Day Care Program in Manitoba
Licensed:	No

The Off-Hour Day Care Project consists of 14 child minders who will go into a child's home to provide evening or overnight care including preparation of the child's meals, and 4 family day care providers who provide extended hours of service. The program began as a pilot project run by Family Services of Winnipeg, starting in September 1986. Since January 1988 it has been provided as a regular program by Child Day Care, the office which administers day care policy for the Manitoba Government. Child Day Care intends to expand the program and offer child minder services throughout Manitoba.

The project provides care up to 18 hours a day. In-home services, are available to families with a minimum of 2 children and there may not be more than 3 under 2 years of age. The large majority of parent users at present are low-income single parent families who receive day care subsidy.

At present, child minders are difficult to recruit, partly because remuneration is relatively low. Transportation for child minders returning to their homes after midnight is an unresolved issue. Shifting patterns of need sometimes make it difficult to keep child minders fully employed each week.

32.

Name:	**RIVER AVENUE COOPERATIVE DAY NURSERY INC.**
Address:	175 Mayfair Avenue, Winnipeg, Manitoba R3L 0A1
Telephone:	(204) 453-7487
Type of care:	Evening and night care
Number of Children:	Capacity 16 evenings
Profit/Non-profit:	Non-Profit
Licensed:	Yes

River Avenue Cooperative Day Nursery has provided daytime care in a group centre since 1974. In 1987, Nightcare was begun as a pilot program, providing evening and overnight services from 7:00 A.M. Monday to 8:30 A.M Saturday each week. In the summer of 1988, the Nightcare program closed temporarily and was reassessed. It has now reopened with several changes.

River Avenue's night services now include extended hours, shift care and evening care for up to 16 children between 6 A.M. and 1 A.M. Most of the clientele are working single parent women earning low incomes in restaurants, hotels, group homes or other service occupations. Families using both day and night care or days and early mornings pay 1 1/2 or 2 times the full day rate depending on the number of hours of care.

Several changes have made the evening program at River Avenue more financially viable than it was before. A new provincial subsidy rate of 1 1/2 times the normal daily rate is available to parents who use more than 12 hours of child care in a single day. The centre has been licensed for an additional number of children to cover the hours between about 2:00 P.M. and 6:00 P.M. when the daytime and evening children overlap. In addition, the training requirements for evening staff have been reduced to allow two C.C.W. I's and one C.C.W. III to provide care.

33.

Name:	**EDMONTON HOSPITAL WORKERS' CHILD CARE SOCIETY**
Address:	Suite 2, 11424 - 102 Street, Edmonton, Alberta T5G 2E7
Telephone:	(403) 479-0179
Type of Care:	Evening and overnight care in family homes; regular group care in a centre
Number of Children:	Capacity of homes is 200-250. About 5% of children use evening, overnight or shift care.
Profit/Non-profit:	Non-profit with charitable status.
Licensed:	Yes

The Edmonton Hospital Workers' Child Care Society provides group care in a child care centre and co-ordinates the services of up to 100 family day care homes. Five percent of the family homes offer evening and overnight care throughout the year. The majority of those using shift and overnight care are hospital employees. Overnight users are usually single parents.

34.

Name:	**KIDCORP LEARNING CENTRE**
Address:	Apt. 208, Building A, Janeway Apartments, Newfoundland Drive, St. John's, Newfoundland A1A 1T1
Type of care:	Early evening and weekend care
Telephone:	(902) 722-9435
Number of Children:	Capacity 16
Profit/Non-profit:	Profit
Licensed:	Yes

Kidcorp Learning Centre has been in operation since February 1988, providing care from 6:30 A.M. to 7:00 P.M., 7 days a week, 365 days a year. The Centre is oriented to the children of parents who work shifts at the Janeway Children's Hospital. Parents can pay on an hourly rather than flat rate basis. There has not been much demand for weekend use.

35.

Name:	**PLADEC DAY CARE CENTRE**
Address:	752 King Street West, Postal Bag 603, Kingston, Ontario K7L 4X3
Type of care:	Early evening care in a child care centre
Telephone:	(613) 546-1234
Profit/Non-profit:	Non-profit
Licensed:	Yes

Since September 1982, Pladec Day Care Centre has provided child care services to staff and outpatients at the Kingston Psychiatric Hospital. Regular hours of the centre are 6:45 A.M. to 5:30 P.M. but extended hours care is available until 7:45 P.M. if the request is made two days in advance.

The program reports that the primary difficulty in offering evening care has been the cost to the program. Since the fees for the one or two children who need extended hours care do not cover the staff's salary, other programs in the centre are indirectly subsidizing this service. It is also hard to find staff who are willing to work irregular hours on the evening shift.

ANNOTATED BIBLIOGRAPHY

EVENING, OVERNIGHT AND WEEKEND CHILD CARE

The Child Care Handbook: Needs, Programs, and Possibilities. Washington, D.C: Children's Defence Fund, 1982.

This handbook includes a chapter which describes the Family Day Care Network in San Francisco. This program offers 24 hour child care in family day care homes, primarily for children of nurses, and provides job opportunities and training to low-income women who serve as providers. The program offers training to the providers who receive help renovating, upgrading or acquiring housing to meet California's child care licensing requirements. Support services are available to caregivers, including a toy lending library, developmental activity specialists, respite workers, periodic health and dental checkups for children and meal reimbursement. In 1981, the Family Day Care Network served 200 children in 23 homes.

Khan, Gurli Borg. "Child Care Programmes in Sweden for Children with Shift-Working Parents," Early Childhood Development and Care: 17, 1984.

This short paper describes a child care centre in Surahammar, Sweden, an iron-working city of 11,500 where a small program was started to provide care for 12 children, six during the day and six at night.

Miller, Mary Helen. Report on the Twenty-Four Hour Child Care Co-operative . Regina: June 1980 (Mimeo).

This is a very short report by the director of a 24 hour child care centre three years after its opening. It describes some of the difficulties in administering and operating an extended hours program, and the ill-fated attempt to operate an overnight service.

Presser, Harriet and Cain, Virginia S. "Shift Work Among Dual-Earner Couples With Children". Science: February 18, 1983.

This study is based on a 1980 sample of U.S. non-farm households with children under 14 in which both spouses worked full-time. It does not discuss child care per se but contains interesting information about patterns of shift work among two-parent families.

Presser, Harriet. "Shift Work Among American Women and Child Care," Journal of Marriage and the Family 48 (August 1986): 551-563.

This study focuses directly on the relationship between the decision to work shifts and the choice of child care. Presser reviews the existing literature touching on this subject, then examines some data from the 1982 U.S. Current Population Survey. The families studied include working married and single women aged 18 to 44 with children under 5 years of age. Nearly 15% of the mothers who worked full-time and 22% of part-timers worked non-day shifts. The study found that non-day employment was twice as likely among unmarried mothers, that use of relatives is substantially greater when mothers work non-day shifts, that characteristics of the husband and family and part-time vs. full-time work affect the use of father care for children, and that a substantial proportion of part-time employed married women report that the unavailability of satisfactory child care at reasonable cost is a constraint on the number of hours they work, especially for those women working non-days.

SICK CHILD CARE AND EMERGENCY CHILD CARE

A Guide To Establishing Community Sick Child Care. Berkeley Sick Child Care Program, Berkeley: undated. (Available from The Sick Child Care Program, 1890 Alcatraz Avenue, Berkeley, California, 94703).

This brief guide to establishing a sick child care program discusses organizational considerations, procedures for admitting and caring for ill children, training caregivers, fees, insurance, licensing, obtaining a site, and establishing credibility. It includes a table of illnesses, symptoms, and appropriate responses, as well as various forms used in the Berkeley program.

Canada Employment and Immigration Advisory Council. Workers with Family Responsibilities in a Changing Society: Who Cares? Ottawa: Minister of Supply and Services Canada, 1987.

This report to the Minister of Employment and Immigration suggests that policy provisions for leave from the workplace have not kept pace either with changes in the workplace or changes in the family. The federal government should take the lead in setting national standards for leave provisions for workers with family responsibilities. In addition, the Council recommends that consideration should be given to extending sickness benefits under the Unemployment Insurance Act to employees who must care for sick dependents.

Fredericks, Beth; Hardman, Robin; Morgan, Gwen; and Rodgers, Fran. A Little Bit Under The Weather: A Look at Care for Mildly Ill Children. Boston: Work/Family Directions, 1986.

This book is an excellent introduction to models and ideas about sick child care. It reviews and criticizes child care regulations on the exclusion of ill children, presents examples of various models, and analyzes key issues which govern the choice of one form of care over another. The material also contains a list of criteria that a model should strive to meet and a number of recommendations. Appendices list and briefly describe many programs for the care of ill children in the United States, list addresses of agencies responsible for child care licensing in each state and provide a bibliography on sick child care.

Fredericks, Beth; Hardman, Robin; Morgan, Gwen; and Rodgers, Fran. "What's All This About Sick Child Care?" Child Care Information Exchange, July 1986.

This article provides a quick introduction to research, resources, and some thoughts about how to deal with illness among young children in child care. A list of alternative program models is provided.

Health in Day Care: A Manual for Day Care Providers and Health in Day Care: A Training Guide for Day Care Providers. Georgetown University Child Development Center. Washington, D.C.: 1986.

These two loose-leaf books provide a useful resource for providers of child care services. The Manual is a reference document and resource guide providing up-to-date information on a wide range of health-related matters affecting child care. It includes chapters on health policies and record keeping, health education, creating a healthy child care environment, children with special needs, handling infectious diseases, care for the mildly ill child and sick child care models. There are a number of valuable appendices including a site safety checklist, a list of signs that may indicate developmental problems in 3 - 5 year olds, a guide to creating adequate handwashing facilities even if plumbing is not available and an annotated bibliography. The Training Guide was written for persons who are responsible for communicating health and safety policies and information to child care staff. It contains detailed outlines for training workshops on the major issues and material covered in the manual.

Landis, Suzanne E. MD, MPH, and Jo Anne Earp, ScD. "Sick Child Care Options: What Do Working Mothers Prefer?" Women and Health, 12, (1987).

On the basis of a survey of working mothers having children in licensed day care centres in 3 North Carolina counties, Landis and Earp conclude that out-of-home sick child care offers "potentially viable options at reasonable prices for those women who want to, or must, continue working during their children's illnesses." The article reviews the spectrum of sick child care options for working mothers in the United States and provides references to recent literature on sick child care, particular in medical journals.

The survey asked mothers about their first and second choices for care for infants and for preschoolers from a list of options including in-home care by the parent, and in-home care by relatives or friends. Mothers were also asked about how they wanted child care staff to handle children who became ill while at child care. Responses show both that in-home care by parents, relatives or friends are the preferred options and that a substantial number of parents are willing to use out-of-home care for their mildly ill children.

Mohlabane, Noa. Infants in Day Care Centres: In Sickness and In Health. Masters Thesis, Pacific Oaks College, Pasadena, California, 1984.

This report reviews the major issues and the program options for the care of sick children and provides a comprehensive literature review and annotated bibliography. It considers the advantages and disadvantages of various care models from the point of view of the parent, the child, the employer and the caregiver.

Osterholm, Michael; Klein, Jerome; Aronson, Susan; and Pickering, Larry (eds.). Infectious Diseases in Child Day Care: Management and Prevention. Chicago: University of Chicago Press, 1987.

This book contains a number of valuable articles presented at an American conference on infectious diseases in child care. Some of the articles are written for a medical audience and cover various infectious diseases, appropriate disease prevention policies and practices, legal issues, regulation and training in relation to infectious diseases. The book includes articles on design and modification of the child care centre environment to reduce illnesses, policies for the exclusion of ill children from group care, care for acutely ill children, training for child care staff regarding infectious illnesses, recommendations from the 1984 conference.

Parents in the Workplace. Sick Child Care: A Problem for Working Parents and Employers. Minneapolis: Greater Minneapolis Day Care Association, 1983.

Parents in the Workplace is a joint venture of the Greater Minneapolis Day Care Association and Resources for Child Caring, Inc. The group established a task force to hold hearings of experts and investigate the problem and solutions to the issue of care for ill children. This 70-page report presents the results of the group's investigations.

Skold, Karen B. Working Parents and the Problem of Sick Child Care: A Report on the Issue for Local Grantmakers. San Francisco: July 1985.

This report provides an useful short overview of options and models for dealing with the problem of caring for ill children. It reviews alternative program models for the care of sick children in their own home, in their regular child care program, and in special sick child care facilities. It also suggests ways of improving preventive health care of young children in child care and employer actions that can reduce work/family conflicts.

Karen Skold can be contacted through the Center for Research on Women at Stanford University (Palo Alto, California.

Townson, Monica. Leave for Employees with Family Responsibilities. Ottawa: Labour Canada, 1988.

This report provides a thorough overview of the issue of family responsibility leaves including information about leaves in other countries and in Canada. The views of key sectors, including business, labour and women's groups are presented. The author discusses options for implementing family responsibility leaves in Canada, raising questions like "is society responsible?" "Should it be left to collective bargaining?" An analysis of the cost of introducing statutory family responsibility leave in Canada is included.

RURAL CHILD CARE

Abramovitch, R. An Overview of Rural Child Care Needs and Preferences. Toronto: Ministry of Community and Social Services, November 1987.

This report consists of a literature review, discussion of the definition of "rural", summary of various surveys of needs and preferences, interviews with key informants, and a review of some statistics on currently available services and needs. There is discussion of possible models of rural child care and related services.

Brown, B. J. "Rural Day Care: A Social Service Delivery Problem". Human Services in the Rural Environment. Vol. 3, p. 19-24, February, 1978.

This short paper analyzes problems and solutions for the delivery of child care services in rural northern Wisconsin. The same factors that affect the delivery of other social services in rural areas are important here -- population, geographic area, climate, distance, economics and the traditional individualistic structure of society. The paper reviews briefly various programs designed to support and extend the availability of family day care homes.

Busque, Ginette. "The Needs and Resources of Farm Women," Growing Strong: Women In Agriculture. Diane Morissette (ed). Ottawa: Canadian Advisory Council on the Status of Women, 1987.

This chapter includes a few pages on the need for and availability of child care resources for rural women in Canada. The author reviews evidence from Quebec,

Saskatchewan, Ontario and Manitoba which suggests that rural women strongly need and want additional child care services. Solutions will have to recognize factors which differentiate rural needs from those of the majority of urban working women. Arrangements will have to be flexible and diversified. The author describes several experimental projects to provide child care services in rural areas.

Canning, P. M. "The Nain Daycare Project," Canadian Journal of Education. Winter, 1986, Vol. 11, p.1-8.

In 1980, a preschool centre was established at Nain, a remote settlement in northern Labrador with a substantial Inuit population. The Department of Child Study at Mount St. Vincent University developed an innovative program to train local people to provide good child care and operate a centre while developing parent and community involvement. This article describes the development of that program and the experience of the centre in its early years.

Family Day Care: An Option for Rural Communities. Atlanta: Save The Children.

This American publication describes a series of strategies that a community group in a rural area might undertake to increase the amount and quality of informal family child care in their area. Some of these, such as the Child Care Food Program, are specifically American. Others, such as training and toy-lending libraries, and child care resource and referral centres may be appropriate in Canada. Appendices include suggested policies for operating a toy-lending library and forms to use as part of a child care referral service.

Holosko, M.J., Taylor, S., and Dempster, J. "A Day Care Needs Assessment of Three Rural Communities in Newfoundland, Canada." Health and Welfare Canada - Demonstration Grant Project Number 4550-1-11, July 1985 (Mimeo).

This report presents the results of a child care needs assessment in 3 small fishing communities on the southern shore of the Avalon Peninsula, south of St. John's. The study arose from concerns that young children in rural areas of the province were being left with young siblings or unreliable and incompetent babysitters and that child care problems were affecting employee absenteeism and productivity.

Most respondents work in seasonal employment, between 10 and 20 weeks a year, typically at the fish plants or fishing. When the data were collected in March and April 1985, nearly 70% of respondents and 37% of their spouses were unemployed.

The report is interesting both for its results and for the description of the technique of its needs assessment; community meetings both began the process and received, commented upon and helped interpret the results. Nearly all families were very or somewhat satisfied with their babysitters, many of whom were relatives or friends but over 60% said they would prefer organized child care if it was available. Over 97% said

child care was needed in their community. Potential problems with child care were said to be convenience of hours, cost and distance to home.

Hopkins, C. A. Farm Study on Rural Day Care. Grey-Owen Sound (Ontario) Social and Family Services, June 1985.

This paper reports the results of a needs survey conducted amongst sixty-four women in Grey County in 1985. 34% wanted in-home care, 22% wanted family home day care, 20% preferred child care centres and 24% wanted no services.

Shoffner, S. M. "Child Care in Rural Areas: Needs, Attitudes, and Preferences," Family Economics Review. Fall, 1979. p. 10-12.

This 3 page article briefly reports results from a survey of rural mothers in the Carolinas. The study was part of the Southern Regional Project on "Needs for Child Care and Potential for Rural Family and Community Developments".

Vanzandt, S. and Bosworth, S. "Day Care Problems and Needs in Rural Areas," Public Welfare. July, 1968, p.219-233.

This five page article reports on a 1965 survey of mothers in rural Nebraska. 50% of children of working mothers were cared for in their own homes (10% by fathers while working as farmers), 30% in someone else's home, and 20% by some other arrangement, including 2% in group care. These figures are compared to those for the U.S. as a whole.

A number of Ontario groups from rural or isolated areas made presentations to the Special Committee on Child Care in 1986. Their comments usually describe needs and experiences in their local area or for rural/isolated families in general. The text of their presentations can be found in issues of the Minutes and Proceedings of the Committee, available in some libraries or from the House of Commons.

Concerned Farm Women-Bruce County Rural Resource Committee (Issue #31)
Geraldton Day Care Centre (Issue #29)
Lennox and Addington Family and Children's Services (Issue #35)
Northumberland Rural Child Care Corporation (Issue #35)
Northwestern Ontario Day Care Committee (Issue #29)
Ontario Federation of Agriculture (Issue #25)
Red Lake District (Issue #28)
Wellington Rural Child Care Network (Issue #23)
Women For The Survival of Agriculture (Issue #46)

Also "Securite - Qualite Pour Nos Enfants en Milieu Agricole," Memoire du Comite Provincial Provisoire des Femmes en Agriculture, Spring 1986, a presentation to the Special Parliamentary Committee on Child Care